



# Visiting Scholar OSU Libraries Account Application

The Valley Library at Oregon State University is pleased to offer circulation privileges to Visiting Scholars with approval from the requesting department. An OSU ID card or OSU Libraries Convenience card is required to borrow library materials. Patron information is confidential; this includes library circulation records.

It is the responsibility of the patron to understand library policies; policy information is available on the library web page at <http://osulibrary.oregonstate.edu/borrowing>. Borrowers are financially responsible for all material charged on their account. Please report loss of identification card to the OSU ID center.

**Requirements:**

- Photo identification
- Completed application form
- \$1.00 library card fee (if no OSU ID)

**Oregon State University Charge Agreement:**

*In consideration for services rendered or to be rendered, I agree to the following terms and conditions:*

- 1. To pay the balance due plus interest, if added, until the debt is satisfied. Interest will be assessed at a rate of 1% per month (12% APR) on the unpaid balance as of the 10<sup>th</sup> of each month.*
- 2. To pay all costs and charges associated with collection of any amount not paid when due, including, but not limited to, Oregon Department of Revenue collection charges, collection agency charges, reasonable attorneys' fees including attorney fees on appeal, and court costs.*
- 3. To accept responsibility for notifying the Office of Business Affairs of any change in address or name, as long as there is a balance due on this account.*
- 4. The university reserves the right to terminate service in regard to past due accounts, report to credit bureaus, and to offset tax refunds through the Oregon Department of Revenue.*

Name of Visiting Scholar:

\_\_\_\_\_

OSU Department Address:

\_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Email Address:

\_\_\_\_\_

University ID Number (if applicable):

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date Visiting Scholar Will Leave OSU: \_\_\_\_\_

Department Contact: \_\_\_\_\_

Department Contact Phone Number:

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Department Contact E-mail:

\_\_\_\_\_  
(The department agrees to accept responsibility for all lost book charges incurred)

Visiting Scholar Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Department Head/Designee Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>
_____ Verified Photo ID
ID type _____
ID number _____
Record Created/Updated By: _____
Date: _____
(last updated 3/3/16 ASZ)